

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117590			
1. Entity Name SYNERGY DATA SERVICES, INC.			
Principal Place of Business 5921 S SABLE CIR MARGATE, FL 33063		Mailing Address 5921 S SABLE CIR MARGATE, FL 33063	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent NEMBHARD, FLEUR 5921 S SABLE CIR MARGATE, FL 33063		4. FPI Number 81-0578678 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: Nembhard-Knight, Fleur Street Address (P.O. Box Number is Not Acceptable) 5921 S. Sable Cir. City: Margate FL Zip: 33063		Applied For ☒ Not Applicable	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent. SIGNATURE: Fleur Nembhard-Knight President DATE: 4/22/03			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
DP NEMBHARD, FLEUR 5921 S SABLE CIR MARGATE, FL 33063		DP Nembhard-Knight, Fleur 5921 S. Sable Cir Margate, FL 33063	
CEO NEMBHARD, FLEUR 5921 S SABLE CIR MARGATE, FL 33063		CEO Nembhard-Knight, Fleur 5921 Sable Cir. Margate, FL 33063	
KNIGHT, LEIGHTON 5921 S. Sable Cir Margate FL 33063		KNIGHT, LEIGHTON 5921 S. Sable Cir Margate FL 33063	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Fleur Nembhard-Knight		DATE: 4/22/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	